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# **Children in Angola: Poverty, deprivation and child labour**

**Monica Pinilla-Roncancio and Raquel da Silva**

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Child poverty is considered to be an obstacle for the development of children around the world and to have a negative effect on social, economic and human development of a country. Therefore, analysis of this situation becomes vital in the study of poverty. However, there is a lack of empirical evidence in this field, especially in countries such Angola, with a long history of internal conflict and violence. This paper aims to measure the levels of deprivation and multidimensional poverty of children in Angola and the perceptions of poverty and child labour that urban households have in this country. A mix-methods study was designed, initially using the Integrated Survey on the Well-being of the Population (IBEP) 2008-2009. The levels of deprivation and multidimensional poverty of households with children of 18 years old or younger were calculated and the characteristics of those households were analysed. In the second part, a thematic analysis of 21 semi-structured interviews was conducted. The interviews were done in Lubango, urban Angola, with 14 children (8 to 16 years old) and 7 heads of household. The findings revealed that more than 30% of children aged 5 to 17 years in Angola are multidimensionally poor and 52% of children aged 0 to 17 years are absolutely poor. In addition, parents and children in Lubango associate poverty with lack of food and an income which is inadequate to cover the basic needs in a household. In addition, child work is considered to be normal if the family does not have the means to provide the minimum dietary intake.

**Keywords:** children; poverty; Angola; mix-methods

## **Children in Angola: Poverty, deprivation and child labour**

### **1. Introduction**

It has been recognised that poverty is a complex phenomenon, which is not only related to income but also to deprivation in basic dimensions of development (Stiglitz et al. 2009). In the last decade, there has been an increase in the number of studies analysing the levels of multidimensional poverty of individuals around the globe. It has also been recognised that different social groups have higher risks of living in poverty and that indirect measures of poverty, such as income or consumption, do not capture the magnitude of the phenomenon.

The Convention of the Rights of the Children (UNCRC) and the Millennium Development Goals (MDGs) have emphasised the importance of children in the human, economic and social development of a country (United Nations Children's Fund (UNICEF) 2005). The UNCRC has proposed a different understanding of childhood and it has given recognition to the rights of children around the globe.

In 2006, the United Nations General Assembly agreed that

“..Children living in poverty are deprived of nutrition, water and sanitation facilities, access to basic health-care services, shelter, education, participation and protection, and that while a severe lack of goods and services hurts every human being, it is most threatening and harmful to children, leaving them unable to enjoy their rights, to reach their full potential and to participate as full members of the society... (United Nations General Assembly (UNGA) 2006).”

Under this definition, child poverty cannot be analysed only as an income problem. A detailed analysis of the levels of deprivation in access to basic services, such as health, education, sanitation, shelter and water should be a priority. Moreover, the inclusion of

indicators that reflect the specific characteristics of children of different ages should be considered.

Although there has been a change of perspective on how the levels of poverty for children needs to be measured, unidimensional measures of poverty still play a major role. In the case of children, income and consumption measures ignore the complexity of the concept of childhood and the needs of children during different stages of development (Minujin and Nandy 2012).

Recognising the complexity of this topic, the Bristol and the Alkire-Foster (A-F) approaches are two alternative ways of measuring the levels of poverty of children in the developing world. The Bristol Approach is based on a definition of absolute poverty and uses a relative deprivation approach (Gordon et al. 2003a; Gordon and Nandy 2012). It analyses the levels of deprivation of a child with regard to eight basic human needs (food; safe drinking water; sanitation facilities; health; shelter; education; information and access to services). According to this approach, deprivation is understood as a continuum that goes from lack of deprivation to extreme deprivation. When a child faces severe levels of deprivation on any of these basic needs, s/he is likely to face negative consequences in his/her health and well-being (Gordon et al. 2003a).

The A-F method combines a counting and an axiomatic approach to multidimensional poverty (Alkire and Foster 2011a). This method identifies who the poor are and considers how poor they are. It also makes possible the identification of the dimensions that contribute the most to their levels of poverty and it is possible to disaggregate by sub-groups. One of the major advantages of the A-F method is its flexibility in the inclusion of dimensions, indicators and in the selection of weights and cutoffs that

reflect the reality of a society (Alkire and Foster 2011a, 2011b). One of the major applications of the A-F method is the Multidimensional Poverty Index (MPI) included in the Human Development Report (HDR) since 2010 (Alkire and Santos 2010).

The application of the Bristol approach and the A-F method in the measurement of child poverty has increased in the last five years (Gordon et al. 2003a; Biggeri et al. 2006; Biggeri et al. 2010 ; Alkire and Roche 2011; Apablaza and Yalonetzky 2011; Biggeri et al. 2011; Roche 2013; Trani et al. 2013; Roelen 2014; Minujin and Nandy 2012). This increase has contributed to the understanding of the levels of child poverty around the world and more importantly to recognising that children run a higher risk of becoming poor and are usually over-represented in poor populations. Even though both approaches measure multidimensional poverty, they offer different perspectives. On the one hand, the Bristol approach identified severely poor children and on the other hand, the A-F methodology identifies who the poor are and how poor they are (intensity of poverty).

In Africa, different analyses have been conducted in this topic (Milliano and Handa 2014; Roelen and Camfield 2013; Minujin and Nandy 2012; Kempe Ronald 2005; Gordon et al. 2003b). Empirical evidence reflects the severity of child poverty in this region and the negative effects that having low access to basic services and opportunities has on the levels of child development. Although the number of documents, reports and articles in this topic has increased, there is no empirical evidence that measures the levels of child poverty Angola.

Angola has a long history of internal conflict and violence. The civil war, which ended in 2002, destroyed infrastructure throughout the countryside and severely limited access to most basic services, such as education and safe sources of water (UNICEF 1992,

1997). In various districts, for instance, schools were destroyed and teachers went untrained for years, leaving many children without the opportunity to attend school and therefore illiterate (Maholmes and King, 2012). As in many countries with internal conflicts, poverty was intensified by the conflict in Angola. Some reasons were the limited provision of social services, such as education, health and social protection; the lack of infrastructure, especially in the most remote and affected areas and the direct negative effect of conflict on the physical and human capital of households (Justino 2010).

According to the HDR 2015, Angola was classified as a low human development country, with a life expectancy lower than 52.3 years, a gross national income of 6,822 per capita (2011 PPP US\$) and a mean of 4.7 years of schooling (United Nations for Development Programme (UNDP) 2015). 37% of the population in Angola are poor, with the highest percentage in the rural areas (58%), where a common household would be one whose head does not have higher education and is aged 35-64 years, and therefore has a higher risk of being poor (Instituto Nacional de Estatística (INE) 2013).

After the conflict ended in 2002, Angola has made several efforts to protect vulnerable groups. In 2012, the law on the protection of children (*Lei sobre a protecção e desenvolvimento integral da criança-2012*) recognised the importance of guaranteeing the rights of children of all ages. This document was the first initiative on the topic and was based on the UNCR and the African Charter on the Rights and Welfare of the Child (Assambleia Nacional 2012). Moreover, the country established a poverty reduction strategy in 2004, which includes objectives related to improving the levels of health and education of Angola's population (Ministério do Planeamento 2004). Nevertheless, to the best of our knowledge, no detailed diagnostic has been made of the situation of child

poverty or the effect of the legislation on the protection of the rights of children in this country.

A few studies have analysed the levels of poverty in Angola (Allais 2007; Oliveira 2012; Oxford Poverty and Human Initiative (OPHI) 2011; Rodrigues 2012; García-Rodríguez et al. 2015). However, only Allais (2007) described the characteristics of children and examined the levels of child work in different regions. The main finding of this research was that children living in rural areas in single-parent households, who had a mother with no formal education or judged to be in the poorest quintile, were more likely to work and to not attend school (Allais 2007). As the main objective of this study was to analyse child work, a detailed study of the levels of child poverty has not been conducted yet.

This article aims to analyse the levels of standard of living and multidimensional poverty of children in Angola and the perceptions of poverty and child labour that urban households have in urban Angola. Using the Integrated Survey on the Well-being of the Population (IBEP) 2008-2009, the levels of severe deprivation and multidimensional poverty of children in Angola were measured and analysed. In addition, the voices of children and parents in Lubango-Angola, and their experiences related to poverty were analysed. A mix-methods approach enables the measurement of the levels of living standards and multidimensional poverty of households and children in Angola and a detailed analysis of their perceptions of poverty and deprivation.

The next section describes the data gathered and methods used to analyse the situation of child poverty in Angola, starting with the selection of dimensions and categories to be studied in the quantitative and qualitative analysis. Then the results from both analyses are presented and discussed.

## **2. Data and Methods**

As previously mentioned, a mix-methods approach was followed in order to analyse the levels of poverty of children in Angola. On the one hand, the levels of living conditions, deprivation and multidimensional poverty of children and their families were analysed using the Integrated Survey on the Well-being of the population (IBEP) 2008-2009. On the other hand, 21 semi-structured interviews to children and adults were conducted in the urban area of Lubango.

### ***2.1 Qualitative analysis***

#### ***2.1.1 Participants***

From the 21 participants in this study, 14 were children aged 8-16 years and seven were adults, heads of the household of some of the children interviewed. All the children interviewed were street sellers, but not all the adults were (n=2). All the interviewees lived in Lubango where the interviews took place in 2014.

All participants were contacted through snowball sampling via adults selling on the street, who were helped by children or via children selling by themselves on the street. In the first case adults were invited to participate in a study exploring child poverty in Angola and to consent to an interview with the child helping them, who was in all cases a relative. In the second case, the child was asked to give the contact details of the head of his/her household, so that consent for the interview could be granted. In this sense, all interviews with children had the prior consent of the head of the household.

#### ***2.1.2 Interview Procedure***

A semi-structured interview schedule was used in order to elicit the participants' experiences and perspectives on the topic under analysis (Kvale 2007; Kvale and Brinkmann 2009), and to enable probing for more information and clarification of



answers (Rowley 2012). The interview schedule was slightly different when used with the children or with the adults. Both schedules covered basic questions regarding demographic, household and neighbourhood information, family relationships and alcohol and drug consumption. However, the children's schedule focused on school, playtime, work experiences, and plans for the future. The adults' schedule contained questions relating to how the household was organised and how resources were distributed between household members (e.g. *in your family, how is food distributed?*), it also explored adults' perceptions of poverty and their thoughts about child labour.

All interviews were recorded to a digital voice recorder. In order to build trust and make the participants feel at ease, they chose the place where each interview took place and were able to talk for as long as they wished, with the interviews lasting between 25 and 50 minutes. All interviews involved one or two psychology final year students from the *Instituto Superior Politécnico do Lubango*.

### 2.1.3 Data Analysis

The qualitative analysis of the data was based on principles common to thematic analysis (Boyatzis 1998; Braun and Clarke 2006). The second author started by allocating each participant's transcript to a group (child or adult), and this was followed by a thorough analysis of each interview, annotating and coding each participant's transcript fully before starting the next one. The approach to coding was as follows: identifying all the passages from a transcript of an individual interview that related to a particular thematic idea, which were then assigned a code as a shorthand reference for the thematic idea (Gibbs 2007). Thus the coding process was both inductive and driven by the data (Boyatzis 1998), allowing an analysis "grounded in the 'lived' experience

of participants in the case, leading to a unique understanding or potential theory of the case” (Simons 2009).

According to established procedures (Yin 1989), the first author conducted a mini-audit of the transcripts and summary documents and agreed with the coding and themes identified. This exercise enhanced the coherence of the analysis, enabling the emergence of new themes and refining of the existing ones with the aim of determining that the final themes were representative of the data.

## ***2.2 Quantitative study***

With the aim of calculating the levels of deprivation and multidimensional poverty of children in Angola, the IBEP 2008-2009 was used as source of information. Two main indicators were estimated: i. the Bristol severe deprivation indicators and ii. a multidimensional poverty analysis using the A-F methodology.

### ***2.2.1 Data source***

The objectives of the IBEP 2008-2009 were to provide a base line to assess the progress of the country towards the achievement of the MDGs and to prepare a poverty profile for the country. It was the first survey to collect information from households around the country, including 18 provinces and rural and urban areas. It is representative at the national and regional levels and for rural-urban areas. The sampling design was probabilistic, multistage by conglomerates, where households with women 12-49 years old and children 0-4 years old were selected to be interviewed. The final sample was 11,853 households and 58,123 individuals, with a response rate of 97%. Information related to health, education, employment, socio-demographic characteristics of household members, daily consumption and expenditures were

collected for all the households included in the sample (Instituto Nacional de Estadística 2011).

### 2.2.2 *The Bristol Deprivation Approach*

The Bristol deprivation approach proposed by Gordon et al. (2003b) recognises child poverty as a multidimensional process (Roelen and Gassmann 2008). This approach was designed to measure multidimensional child poverty in developing countries. In the case of absolute child poverty, a threshold of severe deprivation in basic human needs is used, under this threshold the levels of health, well-being and development of a child might be negatively affected by a situation of poverty (Gordon et al. 2003a). The unit of analysis is the child and the approach uses eight basic human needs: i.food; ii.safe drinking water; iii.sanitation facilities; iv.health; v.shelter; vi.education; vii.information and viii.access to services. Finally, the approach assumes that a child lives in absolute poverty if s/he is severely deprived in two or more basic human needs (Gordon et al. 2003b).

Using information from the IBEP 2008-2009, seven of the eight severe deprivations were calculated for children younger than 18 years (age varied between indicators). Given data limitations, the indicator for undernourishment was not possible to calculate (Table 1). A child was defined as poor if he or she was severely deprived in two of the seven indicators included in the analysis.

*[Table 1. Approximately here]*

### 2.2.3 *The Alkire-Foster methodology*

The AF methodology is based on a counting approach to measure poverty and satisfies a large number of axiomatic properties. This methodology allows the

identification of the poor and the aggregation of those in a unique measure of poverty to take place (Alkire et al. 2015).

The calculation of an adjusted headcount ratio ( $M_0$  or MPI) can be divided into nine basic steps (Alkire and Santos 2010).

- (1) Define a set of indicators
- (2) Define a deprivation cut-off for each indicator
- (3) Using the deprivation cut-offs define whether each person is or is not deprived in each indicator
- (4) Define the relative weight of each indicator
- (5) Create the “deprivation score”, which is the weighted sum of deprivations
- (6) Define the poverty cut-off ( $k$ )
- (7) Compute the headcount ratio ( $H$ )<sup>i</sup>
- (8) Compute the intensity of multidimensional poverty ( $A$ )<sup>ii</sup>
- (9) Compute the  $M_0$ , which is the product of  $H*A$ .

Some of the advantages of using the AF methodology are: it allows the inclusion of nominal and categorical data; it is possible to decompose the index by subgroups and by dimensions and given the flexibility in the selection of dimensions, indicators, weights and cut-offs the index can reflect the needs of a specific context (Alkire et al. 2015; Alkire and Santos 2010). Nevertheless, because of the flexibility in the selection of dimensions, weights and cut-offs, normative decisions have an effect on the final results of the calculations.

Based on the list of capabilities identified by Biggeri et al. (2006) and the data available in the IBEP, five dimensions and eight indicators were selected and nested weights were

applied. Following a similar logic to the Bristol deprivation approach, the poverty cut-off was defined as being deprived in two dimensions or the equivalent in weighted indicators ( $k= 40\%$ ). Aiming to check robustness of the results, the index was also calculated using different poverty cut-offs (Appendix 1).

The unit of analysis and measure was the child. For this analysis, only children aged 5 to 15 were included in the calculations. Table 2 presents the list of dimensions, indicators and weights used for the main analysis. Although it was desirable to analyse the levels of multidimensional poverty of children younger than 5 years old, given their dependency situation, it was not possible to define indicators for this population.

*[Table2. Approximately here]*

After the levels of absolute and multidimensional poverty were calculated a regression analysis was conducted, aiming to identify the main determinants of child poverty in Angola.

### **3 Results**

#### ***3.1 Qualitative analysis***

Extracts from the transcripts of the interviews are used to illustrate the accounts of both children and parents and to allow the reader to see how the researchers' interpretations were reached and how the themes developed. The themes presented here fall into two main superordinate themes: family dynamics and child labour and family poverty.

### 3.1.1 *Family Dynamics*

This superordinate theme contains two subthemes that mirror the relationships within the family of the different interviewees and the physical space they inhabit. The first subtheme of love and care brings forward the interpersonal dynamics among family members living together, exploring who the caretakers are, how they relate to the children and how children relate amongst themselves. The second subtheme covers the living conditions of the interviewees and their respective families.

#### *a. Love and Care*

Most the children interviewed lived with both parents. In most cases children tended to describe conflicted relationships within their families, particularly due to alcohol consumption of one or both parents. This seemed to result in arguments and physical violence, affecting each family member differently. In some cases, violence was towards all family members – *“When my father arrives drunk he wants to hit everyone”*; in others, just towards the spouse – *“My father drinks too much and when he arrives he always wants to mess with my mother”*; and in one particular case it affected older generations – *“When my mother drinks she hits both me and my grandmother”*. These circumstances seem to be very difficult and exasperating for some children who prefer it when their parents are not at home:

...they both drink and do not fulfil their role as parents [...] The only time there are not arguments at home is when my parents are away, but when they come back there are always discussions. Even as children, we prefer when they are away.

Some parents portrayed a similar scenario. Mothers in particular confirmed that when their husbands drank, they were violent – *“Sometimes my husband arrives at home drunk and beats me and the children. I don’t like it and sometimes we have to run away”*. Some women also showed concern for the possibility that their husbands might

lose their jobs, because they were usually drunk, a factor that created further conflicts in the family.

Finally, all the children but one reported the existence of physical punishment in the household. The children mostly concluded that they were physically punished when they did something wrong. Nevertheless, some children also mentioned that their parents hit them for no apparent reason, giving the impression that physical punishment was a practice so embedded in the family culture that it happened involuntarily and did not need a justification – *“Our parents have hit us a lot, they hit us for everything and for nothing”*.

#### *b. Living Conditions*

Most houses were described as having *adobe* walls, with a kitchen, a living room, one or two rooms and one outside bathroom, which was shared by several households (thus depriving individuals of access to water and sanitation). Only one child described her house as having an inside bathroom and that she had a room and a bed of her own. The remaining children said they slept on a mattress on the floor, which was in the living room, in the kitchen or in a separate room. Children shared the mattresses with siblings, cousins, aunts or uncles. In one case, the child shared the room with her siblings and parents. Lastly, another child said that he sleeps on a blanket on the floor without a mattress. His house had two rooms, but he had thirteen siblings and his father had two wives living in two different houses, but in the same yard.

Regarding the neighbourhood, both children and adults considered that it was large, with houses close together and that neighbours had an excellent relationship. Some children mentioned some facilities in their neighbourhoods, such as schools, churches and water wells. Only one child mentioned that two common problems in the neighbourhood were not to have electricity or a clean source of water – *“My neighbourhood is very big, I have many friends. The only problem is the electricity and we have to carry water from the well”*. Two children and three adults considered that neighbourhoods were safe during the day, but not at night – *“My neighbourhood is big,*

*I have many neighbours, we get along really well, but there have also been many burglaries and you cannot walk alone late in the night”.*

In terms of children’s daily food intake, the descriptions varied. Five children said that they did not always eat breakfast and one child said that she did not eat everyday – “*We don’t eat every day, but when we do we sometimes eat bread with tea for breakfast and for lunch and dinner we eat funge<sup>iii</sup>, fish, rice*”. The most common foods eaten by children were *funge*, fish, rice, *lombi<sup>iv</sup>*, bread, pasta, beans and chicken. Two children mentioned that when they were selling on the street, they bought a piece of cake and sometimes a fizzy drink to keep them going – “*When I am selling on the street I only eat a piece of cake and drink a fizzy drink. I can only something warm when I go home at the end of the day*”.

Parents’ views on their household daily food intake corroborate the description given by the children. They gave explanations about why some meals did not take place and why there was a lack of more nutritious meals. The explanation was mostly related to not having money to buy food – “*I don’t always have money to buy bread for my children’s breakfast*”. Thus, some days they can have several meals, others only one; at times, they can buy fish, meat or rice, but other times they can only eat *funge* or *lombi*. In this sense, the majority of parents considered that if they had had fewer children they could eat better – “*If we had less children we could sometimes eat potatoes or have always bread for breakfast, but with this number of children we can’t, the money is not enough*”. Regarding who was served first at the table, only two mothers mentioned the husband, while all others said the children.



### 3.1.2 Family poverty and child labour

Four (of the seven) parents considered that they were not poor, they were “normal”, because they could feed their children. In most cases, they acknowledged that they were not able to eat highly nutritious meals, but they did not allow their children to starve either – *“I consider myself normal, because I may not have rice with chicken, but I always have rice with beans or fried cakes for my children”*. Three parents considered themselves to be poor and not to have a decent life. Their main reasons were that they could not always feed their families and at times, their survival depended on neighbours’ charity – *“I’m poor because sometimes I don’t have money to buy bread and we depend on neighbours’ good will”*. In this context, adults’ notions of poverty were in most cases related to not having food to eat or clothes to wear – *“It’s when we have nothing to eat and dress”*. Individuals also mentioned that someone was poor when they could not help themselves or other family members – *“It’s when we can’t support our children or other members of the family in need”*.

When asked what they would do if they were not poor, three adults said that they would own their own business; two said they would buy a house instead of renting and one said that he would buy a motorcycle to go to work and all his children would go to school – *“I would buy a moto to go to work, all my children would be studying and I would open my own business”*.

Family poverty appeared to be connected with child labour across different interviews. Parents considered that their children had to start working because they were unable to provide for the family by themselves – *“She has to help me, because I do not always have money to buy bread. With the money she makes I buy bread and food for the household”*. The children’s perspective on why they were working was partly similar to

the one given by adults; indeed, they recognised the need to help their parents – *“There are days when we have nothing to eat and I have to help in some way”*. In some cases, children considered that they worked so they could provide for themselves – *“I work because I want to buy shoes and other things that I don’t have”*. In other cases, children simply stated that they worked because an adult, which could be a parent or an aunt or uncle, forced them to – *“I work because my mother tells me to”*. In general, children saw working as something “normal” that most children of their age did – *“My friend also works, because her sister tells her to, so they can buy food for their home”*.

*a. Consequences of child labour*

This second superordinate theme consists of subthemes around the areas of children’s lives affected by child labour. The first subtheme of education explores the question of whether children who sell on the street also go to school, if they had ever attended school and the reasons underlying their current absence or departure from school. This subtheme provides some insights into the effects of child labour in school attendance. The second subtheme relates to both children’s and families’ leisure times and activities and how they are influenced by child labour. The third subtheme examines children’s autonomy and future expectations, looking at how children adapted to work and what ideas they had for their future occupation. These two last subthemes provide extra information related to the possible effect of child labour on the development of personal characteristics of children.

*Education*

Three of the children interviewed had never attended school, and the reason they gave for this was simply that their father did not enrol them. This reason was supported by one of the fathers who was interviewed, who explained that he was never able to

register his child's birth, because they used to live in an isolated village, and even after moving to Lubango, his son could not go to school for the same reason. In addition, he considered that his son, now 15, was too old to go to school and old enough to work and help the family – *“My son never went to school, because I never registered his birth and now with his age he should work to help the family”*.

Three children said that they went to school for two to three years, but they had to stop going, in order to start working to help their household – *“I stopped studying, because my mother can't keep us in school and put food on the table”*. One of these children added that the teachers did not go every day and her sister needed help. The remaining children went to school in the morning or the afternoon and the rest of the time they sold on the streets. Finally, three children mentioned that they did not always enjoy going to school, because they felt hungry and at times the teachers used physical punishment in the classroom – *“The teacher beats me when I go to school hungry, because when I am hungry I don't like to go to school”*.

### *Leisure*

When asked about what they do with their siblings and friends, girls tended to say that they play with dolls and boys that they play football. In general, children mentioned they used to play other games in the street, such as skipping rope and hide and seek. Several children included household chores in the description of their leisure time and activities, such as carrying water, washing the dishes and cleaning the house. Those activities were done by themselves or with their siblings. Only one child affirmed that he watched TV in his free time. In contrast, a couple of children shared that they did not play very often, because all their free time was occupied by selling on the streets – *“I do not play very often, because I have little time. I spend most of the day in the*

*street selling clothes with my older sister*". Therefore, they could only play when they were not working – *"I only play when I don't have nothing to sell"*.

In terms of joint family activities and leisure times, a few adults said that on Sundays the family went to church and sometimes visited other family members. Nevertheless, in most cases adults considered that the most prominent joint family activity was to work together, either selling on the street during the week or cultivating the land during the weekend – *"We do nothing outside of work"*.

#### *Autonomy and future expectations*

Most children, when asked when they started selling on the street, gave vague answers, such as *"from an early age"* or *"since I stopped studying"*, they were unable to specify the exact period or how old they were.

In most cases children considered that they like selling on the street, because it was a way of earning money, being able to buy what they needed and helping their family – *"I like it, because like that I can have something to eat, but now as I returned to school my teacher said that children cannot work and it makes me very sad"*. However, all children were able to indicate the negative aspects of child labour, and some examples they gave were: 1) it is dangerous for a child (children are more prone to be targeted by burglars and child work is illegal); 2) children do not have time to study; and 3) they do not have time to play.

Some children were clearly in charge of the money they earned, describing the items they were going to buy, which included personal items (e.g. shoes, clothes and school material) and food for the household. Other children gave all the money to the responsible adult, who they perceived as the one buying food and other items for

everyone in the family.

Three children were able to make a prediction concerning when they were going to stop selling on the street. One mentioned that he would stop when he finishes high school and finds a job; another said that he could stop working when his family has improved life circumstances; and another said that when she grows up she would refuse to sell on the street just as her sister did. No other children could predict when they would stop selling on the street; they simply answered, *“I don’t know”*.

Children’s future aspirations were mainly linked to material possessions and careers. The desire for material possessions seemed to be motivated by wanting to have a better life and help their families – *“I would like to have my own house, my own cars and lots of money, so I could give a better life to my mother and to my father”*. In terms of careers, the majority of children stated that they described wished to have a graduate job (e.g. doctor, teacher or pilot). Five children mentioned that they would like to go or return to school and accomplish their career goals – *“My dream is to study more, so I can become an engineer”*. A ten-year-old child mentioned that she would like to go to school at some point, and that she did not want to marry or have children, because she did not want them to have to sell on the street as she herself was – *“I want to be single, because I don’t want to have kids, so they don’t have to sell on the street. I would like to study one day”*. Finally, two children considered that they would like to continue to trade. However, both would like to own their own stores.

Parents mainly wished that their children could study and graduate from university. That would give the opportunity to get better jobs and to support their extended family. One mother hoped that her children would not have the same difficult life she had had – *“I hope that they do not suffer like me, because I’m 23 and look like being 30. This*

*makes me sad and sometimes I can't even sleep".*

### **3.2 Quantitative analysis**

The results of the analysis revealed that children in Angola are deprived in basic human needs such as shelter, access to a clean source of water and sanitation services. In addition, children living in this country do not attend to school and are more likely to be working.

Using the Bristol approach, children from all age groups (0 to 17 years) suffer high levels of deprivation regarding their basic human needs, with shelter being the most prevalent deprivation. When the data was disaggregated by age group, children aged 0-5 had the highest levels of deprivation as regards their health, and this result was associated with a high percentage of children who had not received the necessary vaccinations for their age (16.4%). Contrary to expectations, education was not the most prevalent deprivation for children aged 7-17 years. In fact, regarding this indicator, only 11.1% of children in this group were deprived. In all age groups, a similar percentage of children were severely deprived of access to water and sanitation.

52.2% of children (17 or younger) were absolutely poor (severely deprived in two or more human basic needs), with younger children facing the highest levels of absolute poverty, (20% of children aged 0-4). The analysis per region and urban/rural areas revealed that Luanda North had the highest levels of absolute poverty for children in general (any person younger than 18). Small differences were found when regional levels of poverty for children in different age groups were analysed. In the case of children older than 10 years, Luanda North and Kuando Kubango were the regions with the highest levels of absolute poverty (Table 3).

*[Table 3. Approximately here]*

The regional level disaggregation showed that Luanda was the region with the lowest levels of deprivation in all human needs, except access to basic services. Children living in rural areas faced significantly higher levels deprivation compared to children living in urban areas. In the cases of water and sanitation, the percentage of children deprived in rural areas was three times higher than in urban areas, revealing the inequality in access to these basic services for those living in rural as opposed to urban areas.

*[Table 4. Approximately here]*

When the multidimensional poverty index was created, using the A-F method, it was found that 37% of children aged 5-15 years were multidimensionally poor, with an intensity equal to 50% and a value of MPI of 0.17. This means that poor children in Angola experience 17% of the maximum possible range of deprivations that could occur if all children in the country were deprived in all indicators include in the ndex. Shelter and mosquito nets were the indicators with the highest censored headcounts (30.2% and 31.9%).

Children living in rural areas had higher levels of multidimensional poverty (48% vs. 21% in urban areas). Multidimensionally poor children living in this area faced higher levels of deprivation in all indicators, with school attendance as the indicator that contributed the most to the MPI. Children aged 5-9 had higher levels of multidimensional poverty compared with older children (10 to 14). They face higher levels of deprivation in all indicators, except child labour and family life. The porcentage contribution of each indicator varied between age groups, with school attendance being the highest contribution for children aged 5 to 9 and child labour in the

case of children aged 10 to 14.

The analysis was also conducted analysing the levels of multidimensional poverty of children with and without disabilities. The findings revealed that disabled children had significantly higher levels of multidimensional poverty compared with non-disabled children. Their levels of deprivation were higher in all indicators, and school attendance was the indicator with the highest contribution to the MPI. Finally, not large but significant differences were found between the levels of deprivations of girls and boys (1%) (Table 5).

*[Table 5. Approximately here]*

The analysis per region showed that children living in Namibe had the highest levels of multidimensional poverty, with a censored headcount equal to 0.31. Luanda was the region with the lowest levels of multidimensional poverty (H=15.6%; A=49%;  $M_0=0.076$ ). Kuando Kubango had the highest levels of deprivation in school attendance; this indicator had the highest contribution to the national multidimensional poverty (Table 6 and Table 7).

*[Table 6. Approximately here]*

*[Table 7. Approximately here]*

### **Regression analysis**

This section aims to analyse which are the main determinants of child poverty in Angola. Using as dependent variables: *absolutely poverty* (1 if absolutely poor under the Bristol method and 0 if not) and *multidimensional poverty* (1 if multidimensional poor under the A-F method and 0 if not) two models of binary outcome variables -probit models- were estimated. Independent variables include a. personal characteristics (sex,



age and disability), b. family composition (size of household), c. head of household characteristics (age, sex and education level) and d. region and area of residence. The first model was estimated using information from children aged 0 to 17 years and the second information from children aged 5 to 15 years.

The main findings of the regression analysis follow similar tendencies to the ones presented in the previous section, when results were disaggregated by region, area of residency, sex, age and disability. Being female increases the probability of being multidimensional poor by 3.1 perceptual points (pp), however, it does not have a significant effect on the probability of being absolutely poor. In addition, children with disabilities had a higher probability of being absolutely poor and multidimensionally poor compared with children without disabilities.

Household characteristics and head of household characteristics are also determinants of being absolutely poor or multidimensional poor. In both analysis, living in a large household or in households whose head had higher levels of education decreases the probability of being poor (absolute and multidimensional). In the case of absolute poverty, children living in households with male heads had 4 pp more probability of being absolutely poor, compared to children living in households with female heads.

As expected, children living in urban areas have 40 pp less probability of being absolutely poor and 17 pp less probability of being multidimensionally poor. In addition, children living in Huambo have less probability of being poor (absolute and multidimensional). Table 8 present the detailed results of both the regression models.

*[Table 8. Approximately here]*

#### **4 Discussion**

No detailed studies have been published to date on child poverty in Angola. Two reasons for this are: the country's history of armed conflict and the small number of available data sources. This study aimed to measure the levels of severe deprivation and multidimensional poverty of households and children in Angola and to analyse the perceptions of poverty voiced by children and adults in Lubango, using a mix-methods approach.

Following the list of capabilities proposed by Biggeri et al. (2006) and recognising that child poverty is a complex phenomenon, which should be analysed from a multidimensional perspective, this study analysed different dimensions of poverty and gave voice to children and parents living in difficult conditions in Angola. The results from the quantitative and qualitative studies reached similar conclusions. Indeed, children in Angola face high levels of deprivation in basic human needs, such as living standards (access to water, sanitation and shelter); they lack family support, they have little access to education and healthcare and because of their poverty, both children and parents tend to approve child labour. The qualitative results provided a better context of the situation of children in Angola and possible explanations for the high levels of deprivation in indicators such as shelter, school attendance and child labour. Although it was not the main objective of this study to explore the negative effect of child labour on the personal development of children in Luanda, the results provide evidence of this effect. It is also revealed that children do see the negative consequence of child labour and their expectations adapt to their circumstances. However, in most cases, they continue to wish for a better future.

The clear majority of children and parents interviewed mentioned that they live in poor

conditions, usually in overcrowded households, sharing toilet facilities and lacking basic amenities. These results were also found when national data was analysed.

Children from all age groups and living in all regions of the country, particularly in rural areas, face high levels of deprivation in these indicators. This means that children in Angola do not have access to clean sources of water or to sanitation services and live in overcrowded dwellings. These are factors that increase their risk of illness and have negative effects on their levels of physical and mental development (Kuper et al. 2014).

The results of both analyses revealed that children lack family support and protection and face situations of family instability and domestic violence. Around 10% of children are deprived in the indicator of family life, meaning that they are living in households without parents. More importantly, they have to provide for themselves financially, a factor which increases the probability of them withdrawing from school and starting work at an early age. This finding is not exclusive to Angola: in fact children living in other African countries face a similar situation (Tsegaye 2009), and it has been recognised that poor family conditions are an influential factor for child development. In the case of Lubango, it is noticeable that children mention that their family situation is so precarious that they prefer it when their parents are not at home. This statement is a reflection of how family violence becomes a risk factor in the lives of children and limits their own social development.

Children in Angola present a high risk of having low levels of human capital when they become adults. Indeed, access to education and information are two dimensions that contribute to their levels of poverty. The analysis of severe deprivations revealed that more than 30% of children from all age groups do not have access to different sources of information. In addition, 20% of the multidimensionally poor children are deprived

in the area of school attendance, a deprivation that increases for children living in rural areas or with disabilities. Added to the high levels of deprivation in education indicators, around 16% of children younger than 4 years do not have access to vaccinations and 3% of multidimensionally poor children do not have access to health facilities when they need them. In general, children in all regions of the country and especially living in rural areas face high levels of deprivation in indicators related to health, a factor that increases their chances of becoming ill, chronically ill or dying prematurely (Tsegaye 2009).

The notions of poverty of parents in Lubango are associated with covering basic needs, especially access to food. When asked to provide reasons for non-attendance at school and child labour, parents give this as the most important one. In this context, it is evident that in Angola poverty is mainly associated with lack of food. Other factors such as having access to clean sources of water, to sanitation, employment and education are identified as secondary. The perceptions of poverty are in most cases adapted to the context and reflect the fact that in countries with high levels of income and multidimensional poverty, the perceptions of who is or is not poor alter, and people perceive themselves as not poor even when they are (Clark 2012).

Children in Angola consider working in the streets as something common, and they do not have the opportunity to enjoy normal child activities such as playing or resting. Individual characteristics such as being disabled, living in rural areas or aged 10 to 14 make children more likely to be working. These results reveal that children face situations, which limit their role as children and increase their risk of abuse and exploitation. In the case of children with disabilities, their main “work activity” will be related to begging and, in the case of children living in rural areas, it will be agricultural activities (International Labour Organization (ILO) and International Programme on the

Elimination of Child Labour (IPEC) 2013).

The results of this research showed that Angola has high levels of child poverty. This condition is related to being deprived in dimensions such as family life, education, health, shelter and environment and freedom from economic and non-economic exploitation. All those have a negative effect on the levels of child development and might affect the type of opportunities children would have in the future. Although dimensions such as play, recreation or a more detailed analysis of family relations were not possible to include in the quantitative analysis, the qualitative results provide evidence that children in Angola are facing situations that limit their development and enjoyment of life as a child. It will be important to include indicators of these dimensions in future studies, analysing the levels of child poverty and the relation between child poverty and child labour in developing countries.

The findings of this paper have several policy implications. Firstly, Angola as a country needs to propose a policy to reduce child poverty, increase school attendance and reduce child labour. As discussed before, the results revealed that Angola is a country with high levels of multidimensional child poverty, with 33% of its children being multidimensionally poor; and high levels of absolute child poverty with 52% of children aged 0 to 17 years suffering from two or more severe deprivations. In addition, the findings suggest that parents and children perceive themselves as poor when they cannot afford food, which is an aspect that has a negative effect on school attendance and increases the number of children selling in the streets. Secondly, a greater effort should be made in rural areas, where children face higher levels of severe deprivation and multidimensional poverty. Thirdly, strategies and programmes aiming to increase the access to basic services and opportunities for children in Angola should recognise

that individual and family characteristics play a major role in the type of opportunities children can enjoy. In this context, all programmes might work not only with children but also with their parents and other family members.

## **5 Conclusions**

Child poverty affects a large percentage of children in Angola. Children living in the poorest regions of the country and in rural areas face higher levels of severe deprivation and multidimensional poverty compared to children in other regions. In addition, younger children and children with disabilities are more likely to be poor. Although the quantitative analysis revealed that child poverty is associated with a large number of deprivations, parents and children recognised that poverty was mainly associated with the inability to buy food and supply for this basic need. This factor was also a facilitator of child labour, meaning that families that could not provide enough resources to cover their basic food intake, accepted that children to quite school and start working. Policies aiming to reduce child poverty in Angola and other low income countries should have a special focus on younger children, who are disabled, live in the poorest areas of the country and live in households whose heads have low levels of education. In addition, those policies should have strategies aiming to work with children and their families, and provide the resources and skills all members of the household need.

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<sup>i</sup> The headcount ratio is the incidence of multidimensional poverty

<sup>ii</sup> The intensity of poverty is the average deprivation score of people multidimensionally poor

and it is expressed  $A = \frac{\sum_{i=1}^n c_i(k)}{q}$  where  $c_i(k)$  is the censored deprivation score of individual  $i$  and  $q$  is the number of people who are multidimensionally poor

<sup>iii</sup> *Funge* consists of corn or yucca flour boiled.

<sup>iv</sup> *Lombi* consists of a stew made of mixed green leaves.